

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53						
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10		/					60	/					
11		/					61	/					
12	/						62	/					
13		/					63	/					
14		/					64	/					
15		/					65	/					
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26	/						76						
27		/					77						
28		/					78						
29		/					79						
30	/						80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43	/						93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
<b>TOTAL IND.</b>	6						<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	59						<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	65						<b>TOTAL CLAIMS</b>						